

Request for Exemption from VCSU Required Residence Policy

Name (Last, First, MI) _____

Student ID or Soc. Sec. No. _____ Date of Birth _____

Permanent Street Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ Email _____

Cell Phone Number (_____) _____

My first semester to attend VCSU (circle one) Fall Spring Summer Year (fill in) _____

I am requesting an exemption to the VCSU Required Residence Policy

Please select one of the following:

_____ I will be living with my parent(s) or legal guardian(s) full-time in their primary residence within a 35 mile radius of Valley City State University. Proof of residency is attached.

_____ I will be enrolled in fewer than 12 credit hours during both the fall and spring semesters of this academic year.

_____ I have primary custody of a minor child. Proof of custody is attached.

_____ I am married. Copy of Marriage Certificate is attached.

_____ I have extenuating circumstances. Appropriate documentation is attached.

Basis for Request _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

This form must be submitted at least 30 days prior to the beginning of the student's first term of enrollment.

Completed forms and supporting documentation should be sent to:

Housing Office
230 Viking Drive SW
Valley City State University
Valley City, ND 58072